PTO/SB/01 (10-00)

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DEC	LARATION		Attorney Do	cket Number	DEP5062		
	AND OF ATTORNEY			Inventor	Peter Goodwin, et al.		
	LITY OR DESIGN	t		COMPLE	TE IF KNOWN		
l <u>-</u> ,	APPLICATION CFR 1.63)	urcharge	Application I	Number			
Declaration Submitted with	Declaration Sub OR Initial Filing (Su . (37 CFR 1.16(e)		Filing Date		January 25, 2006		
,			Group Art U	nit	·		
·			Examiner Na	ame			
As a below named invento							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
AN ASSEMBLY FOR USE IN ORTHOPAEDIC SURGERY (Title of the Invention)							
the specification of which							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy d Attached? YES NO		
0305777.5	GB	03/13	3/2003				
Additional foreign applic	ation numbers are liste	d on a sunnie	emental priorit	v data sheet P	TO/SB/02B attached hereto:		

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
Application Serial No.	Filing Date	Status				
		Patented Patented Patented .				
I hereby appoint:						
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here					
Practitioner(s) named below: Name						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Brian S. Tomko at telephone number (732) 524-1239.						
Customer Number Direct all correspondence to:						
Name:						
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Country	Telephone:	Fax:				

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Mailing Address

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) Peter or Surname Goodwin Inventor's Date Signature Residence: City Lincoln State **Country GB** Citizenship GB Mailing Address 1 Wellington Close, Skellingthorpe City State ZIP LN6 5UH Country GB Lincoln I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Marcus or Surname Orton Inventor's Signature Date Residence: City West Yorkshire State **Country** GB Citizenship GB Mailing Address 40 Heath Drive, Boston Spa State ZIP LS23 6PB West Yorkshire Country GB I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) or Surname Inventor's Signature Citizenship Residence: City State Country

State

ZIP

Country